

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/869307

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	* * *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/		/										
2		/		/									
3		/		/									
4		/		/									
5		/		/									
6		/		/									
7		/		/									
8	/		/										
9		/		/									
10		/		/									
11		/		/									
12		/		/									
13		/		/									
14		/		/									
15		/		/									
16		/		/									
17		/		/									
18		/		/									
19		/		/									
20		/		/									
21		/		/									
22		/		/									
23		/		/									
24		/		/									
25		/		/									
26		/		/									
27		/		/									
28		/		/									
29		/		/									
30		/		/									
31		/		/									
32		/		/									
33		/		/									
34		/		/									
35		/		/									
36		/		/									
37		/		/									
38		/		/									
39		/		/									
40		/		/									
41		/		/									
42		/		/									
43		/		/									
44		/		/									
45		/		/									
46		/		/									
47		/		/									
48		/		/									
49		/		/									
50		/		/									
51		/		/									
52		/		/									
53		/		/									
54		/		/									
55		/		/									
56		/		/									
57		/		/									
58		/		/									
59		/		/									
60		/		/									
61		/		/									
62		/		/									
63		/		/									
64		/		/									
65		/		/									
66		/		/									
67		/		/									
68		/		/									
69		/		/									
70		/		/									
71		/		/									
72		/		/									
73		/		/									
74		/		/									
75		/		/									
76		/		/									
77		/		/									
78		/		/									
79		/		/									
80		/		/									
81		/		/									
82		/		/									
83		/		/									
84		/		/									
85		/		/									
86		/		/									
87		/		/									
88		/		/									
89		/		/									
90		/		/									
91		/		/									
92		/		/									
93		/		/									
94		/		/									
95		/		/									
96		/		/									
97		/		/									
98		/		/									
99		/		/									
100		/		/									
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS